

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>DM</i>	62814	1/28/00
O.I.P.E. CLASSIFIER	<i>AW</i>		2-11-00
FORMALITY REVIEW	<i>ST</i>	64984	3-2-00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 ..... Allowed      I ..... Interference  
 (Through numeral) ... Canceled      A ..... Appeal  
 ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	1/28/00
2	2/1/00
3	2/1/00
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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